

CERTIFICATION REVIEW FORM

RE-CERTIFICATION ☐ 30-DAY FOLLOW-UP ☐ PRE-SERVICE SURVEY ☐ INVESTIGATION ☐ ADDITIONAL SERVICES ☐

Rev 03/14/05

FOR SUPPORTS FOR COMMUNITY LIVING SERVICE PROVIDERS

Provider Name: Provider Number: Control Number (if applicable): Street Address: City: State: KY Zip Code: Telephone: Executive Director Name: Reviewers: Date of Review:	Services Currently Certified to Provide: <table><tr><td><input type="checkbox"/> Support Coordination</td><td><input type="checkbox"/> Supported Employment</td></tr><tr><td><input type="checkbox"/> Staffed Residence</td><td><input type="checkbox"/> Prevocational Services</td></tr><tr><td><input type="checkbox"/> Family Home</td><td><input type="checkbox"/> Behavior Support</td></tr><tr><td><input type="checkbox"/> Adult Foster Care</td><td><input type="checkbox"/> Occupational Therapy</td></tr><tr><td><input type="checkbox"/> Group Home</td><td><input type="checkbox"/> Physical Therapy</td></tr><tr><td><input type="checkbox"/> Psychological Services</td><td><input type="checkbox"/> Speech Therapy</td></tr><tr><td><input type="checkbox"/> Community Living Support</td><td><input type="checkbox"/> Respite</td></tr><tr><td><input type="checkbox"/> Community Habilitation</td><td></td></tr></table> Services certified for, but not provided during the review period: (REPEAT): Indicates a repeat citation from the previous certification period	<input type="checkbox"/> Support Coordination	<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Staffed Residence	<input type="checkbox"/> Prevocational Services	<input type="checkbox"/> Family Home	<input type="checkbox"/> Behavior Support	<input type="checkbox"/> Adult Foster Care	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Group Home	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Psychological Services	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Community Living Support	<input type="checkbox"/> Respite	<input type="checkbox"/> Community Habilitation	
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<input type="checkbox"/> Community Habilitation																	

Deleted: ¶

Regulation	Met	Not Met	<u>PARTICIPANT ACCESS/CHOICE</u>
Section 3(4)			Eligibility/Admissions An SCL Waiver Provider shall:
(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Not enroll an SCL recipient for whom they cannot meet the support needs
(4)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Have and follow written criteria that comply with this administrative regulation for determining the eligibility of an individual for admission to services
(4)(d)	<input type="checkbox"/>	<input type="checkbox"/>	Document any denial for a service, the reason for the denial, and identify resources necessary to successfully support the denied SCL recipient in the community
FINDINGS:			
Regulation	Met	Not Met	<u>PARTICIPANT-CENTERED SERVICE PLANNING AND DELIVERY</u>
Section 3(7)			Mission and Values An SCL Provider shall have a written statement of its mission and values, which shall:
(7)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Support empowerment and informed decision-making
FINDINGS:			
(7)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Support and assist people to remain connected to natural support networks
FINDINGS:			
Section 3(8)	<input type="checkbox"/>	<input type="checkbox"/>	The SCL Provider shall have written policies and procedures for communication and interaction with the families and legal representatives of an SCL recipient which shall:
(8)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Require a timely response to an inquiry
FINDINGS:			
(8)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Require the opportunity for interaction by direct care staff
FINDINGS:			
(8)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Require prompt notification of any unusual occurrence
FINDINGS:			
(8)(d)	<input type="checkbox"/>	<input type="checkbox"/>	Require visitation to the SCL recipient at reasonable times, without prior notice, and with due regard for the SCL recipient's right of privacy
FINDINGS:			
(8)(e)	<input type="checkbox"/>	<input type="checkbox"/>	Require involvement in decision making regarding the selection and direction of the service provided
FINDINGS:			
Section 3(10)	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance of Records An SCL Waiver provider shall maintain fiscal and service records and incident reports for a minimum of six (6) years from the date that a covered service is provided. For a minor, the record and incident report shall be maintained for a minimum of six (6) years past the age of twenty-one (21) and all records and incident reports shall be made available to:

(10)(a)			The department
(10)(b)			DMHMR or its designee
(10)(c)			The Commonwealth of Kentucky, Cabinet for Health Services, Office of Inspector General or its designee
(10)(d)			The United States General Accounting Office or designee
(10)(e)			The Commonwealth of Kentucky, Office of Auditor of Public Accounts or its designee
(10)(f)			The Commonwealth of Kentucky, Office of the Attorney General or its designee
(10)(g)			The Commonwealth of Kentucky, The Cabinet for Families and Children or its designee
(10)(h)			The Centers for Medicare and Medicaid Services
FINDINGS:			
Section 3(12)			An SCL provider shall maintain a record for each SCL recipient served that shall:
(12)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Be recorded in permanent ink
(12)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Be free from correction fluid
(12)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Have a strike through each error that is initialed and dated
(12)(d)	<input type="checkbox"/>	<input type="checkbox"/>	Contain no blank lines in between each entry
FINDINGS:			
Section 3(13)	<input type="checkbox"/>	<input type="checkbox"/>	A record of each SCL recipient who is served shall
(13)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Contain all information necessary for the delivery of the SCL recipient's services.
FINDINGS:			
(13)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Be cumulative
FINDINGS:			
(13)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Be readily available
FINDINGS:			
(13)(e)	<input type="checkbox"/>	<input type="checkbox"/>	Contain a legend that identifies any symbols and abbreviations used in making a record entry
FINDINGS:			
(13)(f)			Contain the following specific information:
(f)1	<input type="checkbox"/>	<input type="checkbox"/>	The SCL recipient's name, social security number and Medicaid Identification Number (MAID)
FINDINGS:			
(f)2	<input type="checkbox"/>	<input type="checkbox"/>	The intake or face sheet
FINDINGS:			
(f)3	<input type="checkbox"/>	<input type="checkbox"/>	The self-assessment
FINDINGS:			
(f)4	<input type="checkbox"/>	<input type="checkbox"/>	An assessment summary relevant to the service area
FINDINGS:			
(f)5	<input type="checkbox"/>	<input type="checkbox"/>	The current ISP
FINDINGS:			
(f)6	<input type="checkbox"/>	<input type="checkbox"/>	The training objective for any support which provides skills training to the SCL recipient
FINDINGS:			
(f)7	<input type="checkbox"/>	<input type="checkbox"/>	The service objective for those supports which do not provide skills training
FINDINGS:			
(f)11	<input type="checkbox"/>	<input type="checkbox"/>	A photograph that is less than one (1) year old of the SCL recipient

FINDINGS:			
(f)12	<input type="checkbox"/>	<input type="checkbox"/>	Legally adequate consent, updated annually for the provision of services or other treatment which shall include those requiring emergency attention and shall be located at each service site
FINDINGS:			
(f)13	<input type="checkbox"/>	<input type="checkbox"/>	The Individual Education Plan (IEP) or Individual Family Service Plan (IFSP), if applicable
FINDINGS:			
(f)14	<input type="checkbox"/>	<input type="checkbox"/>	The SCL recipient's social history updated at least annually
FINDINGS:			
(f)15	<input type="checkbox"/>	<input type="checkbox"/>	An annual physical exam
FINDINGS:			
(f)16	<input type="checkbox"/>	<input type="checkbox"/>	The Long Term Care Facilities and Home and Community Based Program Certification Form, MAP-350 updated annually
FINDINGS:			
(f)17	<input type="checkbox"/>	<input type="checkbox"/>	Psychological evaluation
FINDINGS:			
(f)18	<input type="checkbox"/>	<input type="checkbox"/>	Original and current level of care certification
FINDINGS:			
(f)19	<input type="checkbox"/>	<input type="checkbox"/>	The MAP-552K, Department for Community Based Services Notice of Availability for Long Term Care/Waiver Agency/Hospice Form
FINDINGS:			
(13)(g)	<input type="checkbox"/>	<input type="checkbox"/>	Be maintained by the provider in a manner to ensure the confidentiality of the SCL recipient's record and other personal information and by allowing the SCL recipient or legal representative to determine when to share such information as provided by law
FINDINGS:			
(13)(h)	<input type="checkbox"/>	<input type="checkbox"/>	Have the safety from loss, destruction or use by unauthorized persons ensured by the provider
FINDINGS:			
(13)(i)	<input type="checkbox"/>	<input type="checkbox"/>	Be available to the SCL recipient or legal guardian according to the provider's written policies and procedures, which shall address the availability of the record.
FINDINGS:			
Section 4(2)(b)			Community Habilitation
(b)1	<input type="checkbox"/>	<input type="checkbox"/>	Provision of support, training and intervention in the areas of:
1a			Self care
1b			Daily living skills
1c			Communication
1d			Behavior support
1e			Social skills
1f			Vocational training
FINDINGS:			
(b)2	<input type="checkbox"/>	<input type="checkbox"/>	Provided in the community or a nonresidential setting
FINDINGS:			
(b)3			Provided to enable the SCL recipient to:

3a	<input type="checkbox"/>	<input type="checkbox"/>	Participate in a community project as a volunteer in a typically unpaid position
FINDINGS:			
3b	<input type="checkbox"/>	<input type="checkbox"/>	Access and utilize community resources
FINDINGS:			
3c	<input type="checkbox"/>	<input type="checkbox"/>	Utilize a variety of assistance and training to interact with the environment through expressive services which shall be based on goals and be therapeutic rather than diversional.
FINDINGS:			
(b)4			Documentation
4a	<input type="checkbox"/>	<input type="checkbox"/>	A time and attendance record which shall include:
a(i)			The date of service
a(ii)			The beginning and ending times
a(iii)			The signature, date of signature and title of the individual providing the service
FINDINGS:			
4b	<input type="checkbox"/>	<input type="checkbox"/>	A detailed monthly staff note which shall include:
b(i)			The time, month, day and year for each note written
b(ii)			The time, month, day and year for the time period the note covers
b(iii)			Progress toward outcomes identified in the ISP
b(iv)			Progression, regression and maintenance toward outcomes identified in the ISP
b(v)			The signature, date of signature and title of the individual preparing the summary staff note.
FINDINGS:			
Section 4(2)(c)			Community Living Supports
(c)1	<input type="checkbox"/>	<input type="checkbox"/>	Be provided to facilitate independence and promote integration into the community for an SCL recipient residing in his own home or in his family's home
FINDINGS:			
(c)2	<input type="checkbox"/>	<input type="checkbox"/>	Be supports which shall not be diversional in nature and shall include:
2a			Assistance
2b			Activity training
2c			Laundry
2d			Routine household care and maintenance
2e			Activities of daily living
2f			Personal hygiene
2g			Shopping
2h			Use of money
2i			Medication management
2j			Socialization
2k			Relationship building
2l			Leisure choices
2m			Participation in generic community activities
2n			Therapeutic goals

FINDINGS:			
(c)3	<input type="checkbox"/>	<input type="checkbox"/>	Be provided on a one-to-one basis
FINDINGS:			
(c)4	<input type="checkbox"/>	<input type="checkbox"/>	Not be provided at a community habilitation site
FINDINGS:			
(c)5	<input type="checkbox"/>	<input type="checkbox"/>	Documentation
5a	<input type="checkbox"/>	<input type="checkbox"/>	A time and attendance record which shall include:
a(i)			The date of service
a(ii)			The beginning and ending times
a(iii)			The signature, date of signature and title of the individual providing the service
FINDINGS:			
5b	<input type="checkbox"/>	<input type="checkbox"/>	A detailed monthly summary note which shall include:
b(i)			The time, month, day and year for each note written
b(ii)			The time, month, day and year for the time period the note covers
b(iii)			Progress toward outcomes identified in the ISP
b(iv)			Progression, regression and maintenance toward outcomes identified in the ISP
b(v)			The signature, date of signature and title of the individual preparing the summary note
FINDINGS:			
Section 4(2)(d)			Occupational Therapy
(d)1	<input type="checkbox"/>	<input type="checkbox"/>	A physician-ordered evaluation of an SCL recipient's level of functioning by applying diagnostic and prognostic tests
FINDINGS:			
(d)2	<input type="checkbox"/>	<input type="checkbox"/>	Physician ordered services in a specified amount and duration to guide an SCL recipient in the use of therapeutic, creative, and self-care activities to assist an SCL recipient in obtaining the highest possible level of functioning
FINDINGS:			
(d)3	<input type="checkbox"/>	<input type="checkbox"/>	Training of other SCL providers on improving the level of functioning
FINDINGS:			
(d)4	<input type="checkbox"/>	<input type="checkbox"/>	Exclusive of maintenance or the prevention of regression
FINDINGS:			
(d)5	<input type="checkbox"/>	<input type="checkbox"/>	Provided by an occupational therapist
FINDINGS:			
(d)6	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Documented by a detailed staff note which shall include:
6a			Progress toward outcomes identified in the ISP
6b			The date of service
6c			Beginning and ending times
6d			The signature, date of signature and title of the individual providing the service
FINDINGS:			

Section 4(2)(e)			Physical Therapy
(e)1	<input type="checkbox"/>	<input type="checkbox"/>	A physician-ordered evaluation of an SCL recipient's level of functioning by applying muscle, joint, and functional ability tests
FINDINGS:			
(e)2	<input type="checkbox"/>	<input type="checkbox"/>	Physician-ordered treatment in a specified amount and duration to assist and SLC recipient in obtaining the highest level of functioning
FINDINGS:			
(e)3	<input type="checkbox"/>	<input type="checkbox"/>	Training of another SCL provider on improving the level of functioning
FINDINGS:			
(e)4	<input type="checkbox"/>	<input type="checkbox"/>	Exclusive of maintenance or the prevention of regression
FINDINGS:			
(e)5	<input type="checkbox"/>	<input type="checkbox"/>	Provided by a physical therapist
FINDINGS:			
(e)6	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Documented by a detailed staff note which shall include:
6a			Progress toward outcomes identified in the ISP
6b			The date of service
6c			Beginning and ending times
6d			The signature, date of signature and title of the individual providing the service
FINDINGS:			
Section 4(2)(f)			Prevocational Services
(f)1	<input type="checkbox"/>	<input type="checkbox"/>	Designed to prepare the SCL recipient for paid or unpaid employment, through activities that are not job-specific including:
1a	<input type="checkbox"/>	<input type="checkbox"/>	Supporting the individual to understand the meaning, value and demands of work
1b	<input type="checkbox"/>	<input type="checkbox"/>	Teaching social and communication skills
1c	<input type="checkbox"/>	<input type="checkbox"/>	Teaching habilitative goals
1d	<input type="checkbox"/>	<input type="checkbox"/>	Teaching work performance skills
1e	<input type="checkbox"/>	<input type="checkbox"/>	Job seeking and maintaining skills
FINDINGS:			
(f)2	<input type="checkbox"/>	<input type="checkbox"/>	Provided to an SCL recipient not expected to be able to join the general work force within one (1) year
FINDINGS:			
(f)3	<input type="checkbox"/>	<input type="checkbox"/>	Unavailable under a program funded by either the Rehabilitation Act of 1973 (29 USC Chapter 16) or P.L. 99-457 (34 CFR Subtitle B, Chapter III), proof of which shall be documented in the SCL recipient's file
FINDINGS:			
(f)4	<input type="checkbox"/>	<input type="checkbox"/>	Provided on a one-to-one basis.
FINDINGS:			
(f)5			Documentation
5a	<input type="checkbox"/>	<input type="checkbox"/>	A time and attendance record which shall include:
a(i)			The date of service

a(ii)			The beginning and ending times
a(iii)			The signature, date of signature and title of the individual providing the service
FINDINGS:			
5b	<input type="checkbox"/>	<input type="checkbox"/>	A detailed monthly summary note which shall include:
b(i)			The time, month, day and year for each note written
b(ii)			The time, month, day and year for the time period the note covers
b(iii)			Progression, regression and maintenance toward outcomes identified in the ISP
b(iv)			The signature, date of signature and title of the individual preparing the note
FINDINGS:			
Section 4(2)(g)			Psychological Services
(g)1	<input type="checkbox"/>	<input type="checkbox"/>	Be provided to an SCL recipient who is dually diagnosed to coordinate treatment for mental illness and a psychological condition
FINDINGS:			
(g)2	<input type="checkbox"/>	<input type="checkbox"/>	Be utilized only when the needs of an individual cannot be met by behavior support or other covered services
FINDINGS:			
(g)3	<input type="checkbox"/>	<input type="checkbox"/>	Include:
3a			Administration of psychological testing
3b			Evaluation
3c			Diagnosis
3d			Treatment
FINDINGS:			
(g)4	<input type="checkbox"/>	<input type="checkbox"/>	Be incorporated into the ISP with input from the psychological service provider for the development of program-wide support
FINDINGS:			
(g)6	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Be documented by a detailed staff note which shall include:
6a			The date of service
6b			The beginning and ending times
6c			The signature, date of signature and title of the individual providing the service
FINDINGS:			
Section 4(2)(h)			Residential Support Service – Staffed Residence, Group Home, Family Home, Adult Foster Care Home
(h)1	<input type="checkbox"/>	<input type="checkbox"/>	Include twenty-four (24) hour supervision
FINDINGS:			
			Staffed Residence
1a	<input type="checkbox"/>	<input type="checkbox"/>	A staffed residence which shall not have greater than three (3) SCL recipients in a home rented or owned by the SCL provider
FINDINGS:			

			Group Home
1b	<input type="checkbox"/>	<input type="checkbox"/>	A group home which shall be licensed in accordance with 902 KAR 20:078 and shall not have greater than three (3) SCL recipients, unless
b(i)			The group home has three (3) or more SCL recipients and
b(ii)			An individual residing in the group home who is not an SCL recipient receives notification of SCL funding and desires to continue living in the group home
FINDINGS:			
			Family Home
1c	<input type="checkbox"/>	<input type="checkbox"/>	A family care home which shall not have greater than three (3) SCL recipients living in the home
FINDINGS:			
			Adult Foster Care Home
1d	<input type="checkbox"/>	<input type="checkbox"/>	An adult foster care home which shall not have greater than three (3) SCL recipients age eighteen (18) and over living in the home
FINDINGS:			
			Residential Support Service – Modular/Motor Home
(h)2	<input type="checkbox"/>	<input type="checkbox"/>	Utilize a modular home only if the:
2a			Wheels are removed
2b			Home is anchored to a permanent foundation
2c			Windows are of adequate size for an adult to use as an exit in the event of an emergency
(h)3			If provided via a modular home, have one hundred and eight (180) days from the effective date of this regulation to meet the modular home requirements
FINDINGS:			
(h)4	<input type="checkbox"/>	<input type="checkbox"/>	Not utilize a motor home
FINDINGS:			
(h)5	<input type="checkbox"/>	<input type="checkbox"/>	Sleeping Arrangements Provide a sleeping room which ensure that an SCL recipient:
5a	<input type="checkbox"/>	<input type="checkbox"/>	Does not share a room with an individual of the opposite sex who is not the SCL recipient's spouse.
FINDINGS:			
5b	<input type="checkbox"/>	<input type="checkbox"/>	Under the age of eighteen (18) does not share a room with an individual that has an age variance of more than five (5) years
FINDINGS:			
5c	<input type="checkbox"/>	<input type="checkbox"/>	Does not share a room with an individual who presents a potential threat
FINDINGS:			
5d	<input type="checkbox"/>	<input type="checkbox"/>	Has a separate bed equipped with substantial springs, a clean and comfortable mattress and clean bed linens as required for the SCL recipient's health and comfort
FINDINGS:			

(h)6	<input type="checkbox"/>	<input type="checkbox"/>	Assistance with Daily Living Provide assistance with daily living skills which shall include:
6a			ambulation
6b			dressing
6c			grooming
6d			eating
6e			toileting
6f			bathing
6g			meal planning and preparation
6h			laundry
6i			budgeting and financial matters
6j			home care and cleaning
FINDINGS:			
(h)7	<input type="checkbox"/>	<input type="checkbox"/>	Provide supports and training to obtain the outcomes of the SCL recipient as identified in the individual support plan
FINDINGS:			
(h)8	<input type="checkbox"/>	<input type="checkbox"/>	Provide or arrange for transportation to services, activities, and medical appointments as needed
FINDINGS:			
(h)10	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Be documented by a detailed monthly summary note which shall include:
10a			The time, month, day and year for each note written
10b			The time, month, day and year for the time period the note covers
10c			Progression, regression and maintenance toward outcomes identified in the ISP
10d			Pertinent information regarding the life of the SCL recipient
10e			The signature, date of signature, and title of the individual preparing the staff note
FINDINGS:			
Section 4(2)(i)			Respite
(i)a	<input type="checkbox"/>	<input type="checkbox"/>	Provided to an SCL recipient unable to administer self-care
(i)b	<input type="checkbox"/>	<input type="checkbox"/>	Provided in a variety of settings
(i)c	<input type="checkbox"/>	<input type="checkbox"/>	Provided on a short-term basis due to absence or need for the relief of an individual providing care to an SCL recipient
(i)d	<input type="checkbox"/>	<input type="checkbox"/>	Provided only to an SCL recipient who resides in a family home, adult foster care home, or his or her family's home
FINDINGS:			
(i)e	<input type="checkbox"/>	<input type="checkbox"/>	Limited to 1440 hours per calendar year
FINDINGS:			
(i)f	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Documented by a detailed staff note which shall include:
f(i)			The date of service
f(ii)			The beginning and ending times
f(iii)			The signature, date of signature and title of the individual providing the service
FINDINGS:			

Section 4(2)(k)			Speech Therapy
(k)1	<input type="checkbox"/>	<input type="checkbox"/>	A physician-ordered evaluation of an SCL recipient with a speech or language disorder
FINDINGS:			
(k)2	<input type="checkbox"/>	<input type="checkbox"/>	A physician ordered habilitative services in a specified amount and duration to assist and SCL recipient with a speech and language disability in obtaining the highest possible level of functioning
FINDINGS:			
(k)3	<input type="checkbox"/>	<input type="checkbox"/>	Training of other SCL providers on improving the level of functioning
FINDINGS:			
(k)4	<input type="checkbox"/>	<input type="checkbox"/>	Exclusive of maintenance or the prevention of regression
FINDINGS:			
(k)5	<input type="checkbox"/>	<input type="checkbox"/>	Be provided by a speech therapist
FINDINGS:			
(k)6	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Documented by a detailed staff note which shall include:
6a			Progress toward outcomes identified in the ISP
6b			The date of service
6c			The beginning and ending times
6d			The signature, date of signature and title of the individual providing the service
Section 4(2)(l)			Support Coordination
(l)1	<input type="checkbox"/>	<input type="checkbox"/>	Initiation, coordination, implementation, and monitoring of the assessment, evaluation, intake and eligibility process
FINDINGS:			
(l)2	<input type="checkbox"/>	<input type="checkbox"/>	Assisting the SCL recipient in the identification, coordination, and arrangement of the support team and support team meetings
FINDINGS:			
(l)3			Assisting the SCL recipient and the support team to develop, update and monitor the ISP which shall be:
3a	<input type="checkbox"/>	<input type="checkbox"/>	Be initially developed within thirty (30) days of the initiation of services
FINDINGS:			
3b	<input type="checkbox"/>	<input type="checkbox"/>	Updated at least annually
FINDINGS:			
3c	<input type="checkbox"/>	<input type="checkbox"/>	Include the addenda to the ISP be sent to DMHMR within fourteen (14) days of the effective date the change occurs with the SCL recipient
FINDINGS:			
(l)4	<input type="checkbox"/>	<input type="checkbox"/>	Assisting an SCL recipient in obtaining a needed service, outside those available by the SCL waiver, utilizing referrals and information
FINDINGS:			
(l)5	<input type="checkbox"/>	<input type="checkbox"/>	Furnishing an SCL recipient and legal representative with a listing of each available SCL providers in the service area
FINDINGS:			
(l)6	<input type="checkbox"/>	<input type="checkbox"/>	Maintaining documentation signed by an SCL recipient or legal representative of informed choice of SCL providers and of any change to the selection of SCL providers and the reason for the change

FINDINGS:			
(l)7	<input type="checkbox"/>	<input type="checkbox"/>	Timely distribution of the ISP, crisis prevention plan, assessment, and other documents to chosen SCL service providers
FINDINGS:			
(l)8	<input type="checkbox"/>	<input type="checkbox"/>	Providing an SCL recipient and chosen SCL providers twenty-four (24) hour telephone access to a support coordination staff person
FINDINGS:			
(l)10	<input type="checkbox"/>	<input type="checkbox"/>	Assisting an SCL recipient in planning resource use and assuring protection of resources
FINDINGS:			
(l)11	<input type="checkbox"/>	<input type="checkbox"/>	Exclusive of the provision of direct services to an SCL recipient
FINDINGS:			
(l)12	<input type="checkbox"/>	<input type="checkbox"/>	Monthly face-to-face contact with an SCL recipient
FINDINGS:			
(l)14	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring of the supports provided to an SCL recipient
FINDINGS:			
	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Documented by a monthly summary note which shall include:
(l)15a-c	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of monthly contact with each chosen SCL provider; Documentation of monthly face-to-face contact with an SCL recipient; Progress toward outcomes identified in the Individual Support Plan
(l)18a-d	<input type="checkbox"/>	<input type="checkbox"/>	The time, month, day and year for each note written; The time, month, day and year for the time period the note covers; Progression, regression and maintenance toward outcomes identified in the ISP; The signature, date of signature and title of the individual preparing the note
FINDINGS:			
Section 4(2)(m)			Supported Employment
(m)1	<input type="checkbox"/>	<input type="checkbox"/>	Intensive, ongoing support for an SCL recipient to maintain paid employment in an environment in which an individual without a disability is employed
FINDINGS:			
(m)2	<input type="checkbox"/>	<input type="checkbox"/>	Provided in a variety of settings
FINDINGS:			
(m)3	<input type="checkbox"/>	<input type="checkbox"/>	Provided on a one-to-one basis
FINDINGS:			
(m)4	<input type="checkbox"/>	<input type="checkbox"/>	Unavailable under a program funded by either the Rehabilitation Act of 1973 (29 USC Chapter 16) or P.L. 99-457 (34 CFR Subtitle B, Chapter III), proof of which shall be documented in the SCL recipient's file
FINDINGS:			
(m)5	<input type="checkbox"/>	<input type="checkbox"/>	Exclusive of work performed directly for the supported employment provider
FINDINGS:			
(m)6			Documentation
6a	<input type="checkbox"/>	<input type="checkbox"/>	A time attendance record with shall include:
a(i)			The date of service
a(ii)			The beginning and ending time

a(iii)			The signature, date of signature and title of the individual providing the service
FINDINGS:			
6b	<input type="checkbox"/>	<input type="checkbox"/>	A detailed monthly summary note which shall include:
b(i)			The time, month, day and year for each note written
b(ii)			The time, month, day and year for the time period the note covers
b(iii)			Progression, regression and maintenance toward outcomes identified in the ISP
b(iv)			The signature, date of signature and title of the individual preparing the note
FINDINGS:			
Regulation	Met	Not Met	<u>PROVIDER CAPACITY AND CAPABILITIES</u>
Section 3(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Have a main office within the Commonwealth of Kentucky
FINDINGS:			
Section 3(3)			Governing Body An SCL Waiver provider shall have a governing body that shall:
(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Be a legally constituted entity within the Commonwealth of Kentucky
(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Not contain a majority of owners
FINDINGS:			
(3)(c)			Be responsible for the overall operation of the organization that shall include:
(c)1	<input type="checkbox"/>	<input type="checkbox"/>	Establishing policy that complies with this administrative regulation concerning the operation of the agency and the health, safety and welfare of an SCL recipient supported by the agency
FINDINGS:			
(c)2	<input type="checkbox"/>	<input type="checkbox"/>	Appointing and annually evaluating the Executive Director
FINDINGS:			
(c)3	<input type="checkbox"/>	<input type="checkbox"/>	Delegating the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures that comply with this administrative regulation
FINDINGS:			
(c)4	<input type="checkbox"/>	<input type="checkbox"/>	Meeting as a whole at least quarterly to fulfill its ongoing responsibilities and shall maintain records of the discharge of its duties
FINDINGS:			
(c)5	<input type="checkbox"/>	<input type="checkbox"/>	Orienting a new member of the governing body to the operation of the organization
FINDINGS:			
Section 3(5)			Documentation of Operations The SCL Waiver Provider Operation shall maintain documentation of its operations which shall include:
(5)(a)	<input type="checkbox"/>	<input type="checkbox"/>	An annual reviews of its written policies and procedures
FINDINGS:			
(5)(b)	<input type="checkbox"/>	<input type="checkbox"/>	A written description of available SCL waiver services
FINDINGS:			
(5)(c)	<input type="checkbox"/>	<input type="checkbox"/>	A current table of organization
FINDINGS:			
(5)(d)	<input type="checkbox"/>	<input type="checkbox"/>	A memorandum of understanding with an SCL support coordination provider with whom they share individual support plans

FINDINGS:			
			Personnel
Section 3(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that an SCL waiver service is not provided to an SCL recipient by a staff member of the SCL provider who has one of the following blood relationships:
(a)1 (a)2 (a)3 (a)4			Child Parent Sibling Spouse
FINDINGS:			
Section 3(14)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Have written personnel guidelines for each employee to include:
(b)1 (b)2 (b)3 (b)4 (b)5 (b)6			Salary range Vacation and leave procedures Health insurance Retirement benefits Opportunities for continuing education Grievance procedures
FINDINGS:			
(14)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Provide a written job description to each staff person which describes the employee's duties and responsibilities
FINDINGS:			
(14)(d)	<input type="checkbox"/>	<input type="checkbox"/>	Annually review each job description
FINDINGS:			
(14)(g)	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate the performance of each employee upon completion of the agency's designated probationary period and at a minimum annually thereafter
FINDINGS:			
Section 3(18)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Provide orientation for each new employee which shall include the mission, goals, organization, and practice of the agency.
FINDINGS:			
Section 3(15)(a)			Executive Director
(a)1	<input type="checkbox"/>	<input type="checkbox"/>	Is qualified with a minimum of a bachelor's degree in administration or a human services field and
(a)2	<input type="checkbox"/>	<input type="checkbox"/>	Has a minimum of one (1) year of administrative responsibility in an organization which served individuals with mental retardation or a developmental disability
FINDINGS:			
(15)(b)			SCL Program Director
(b)1	<input type="checkbox"/>	<input type="checkbox"/>	Has a minimum of one (1) year of previous supervisory responsibility in an organization which served individuals with mental retardation or developmental disabilities
(b)2	<input type="checkbox"/>	<input type="checkbox"/>	Is a QMRP
(b)3	<input type="checkbox"/>	<input type="checkbox"/>	May serve as the agency's Executive Director if the requirements established in paragraph (a) of this subsection of this administrative regulation are met.

FINDINGS:			
(15)(c)			Direct contact-staff:
(c)1a	<input type="checkbox"/>	<input type="checkbox"/>	Eighteen (18) years or older and
(c)1b	<input type="checkbox"/>	<input type="checkbox"/>	Has a high school diploma or GED or
(c)2a	<input type="checkbox"/>	<input type="checkbox"/>	Twenty-one (21) years old and
(c)2b	<input type="checkbox"/>	<input type="checkbox"/>	Has effective communication skills
FINDINGS:			
(15)(d)			Supervisory staff:
(d)1a	<input type="checkbox"/>	<input type="checkbox"/>	Eighteen (18) years or older and
(d)1b	<input type="checkbox"/>	<input type="checkbox"/>	Has a high school diploma or GED or
(d)2a	<input type="checkbox"/>	<input type="checkbox"/>	Twenty-one (21) years old and
(d)2b	<input type="checkbox"/>	<input type="checkbox"/>	Has a minimum of one (1) year experience in providing services to individuals with mental retardation or developmental disabilities.
FINDINGS:			
Section 4(2)(a)			Behavioral Support
(a)6	<input type="checkbox"/>	<input type="checkbox"/>	Provided by a behavior support specialist who shall have:
6a			A Master's Degree with formal graduate course work in a behavioral science; and
6b			One (1) year of experience in behavioral programming.
FINDINGS:			
Section 4(2)(g)			Psychological Services
(g)5	<input type="checkbox"/>	<input type="checkbox"/>	Provided by a psychologist or a psychologist with autonomous functioning
FINDINGS:			
Section 4(2)(l)			Support Coordination
(l)16	<input type="checkbox"/>	<input type="checkbox"/>	Provided by a support coordinator who shall have a bachelor's degree in human services
FINDINGS:			
(l)17	<input type="checkbox"/>	<input type="checkbox"/>	Supervised by a support coordinator supervisor who shall be a QMRP.
FINDINGS:			
Regulation	Met	Not Met	<u>PARTICIPANT SAFEGUARDS</u>
Section 3(13)(f)			Maintenance of Records – Medical Information
(f)8	<input type="checkbox"/>	<input type="checkbox"/>	A record for each SCL recipient who is served shall contain the following specific information: A list containing emergency contact telephone numbers
FINDINGS:			

(f)9	<input type="checkbox"/>	<input type="checkbox"/>	The SCL recipient's history of allergies with appropriate allergy alerts for severe allergies
FINDINGS:			
(f)10	<input type="checkbox"/>	<input type="checkbox"/>	The SCL recipient's medication records, including a copy of the prescription or the signed physician's order and the medication logs if medication is administered at the service site
FINDINGS:			
Section 3(14)			Personnel
(14)(a)1	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that each staff, prior to providing direct care to a recipient, has tested negatively for tuberculosis within the past twelve (12) months.
(14)(a)2	<input type="checkbox"/>	<input type="checkbox"/>	Maintain documentation of each staff person's negative tuberculosis tested described in subsection (14)(a)1.
FINDINGS:			
(14)(e)	<input type="checkbox"/>	<input type="checkbox"/>	For each potential employee, obtain a criminal record check from the Administrative Office of the Courts (AOC) for each state in which the individual resided during the previous year
(e)1			Prior to employment and annually thereafter if the individual is hired
(e)2			Prior to placement as a volunteer performing a direct care staff or supervisory function, and annually thereafter if the individual is placed.
FINDINGS:			
(14)(f)	<input type="checkbox"/>	<input type="checkbox"/>	Not employ or place an individual with a prior conviction of an offense delineated in KRS 17.165(1) through (3) or prior felony conviction
FINDINGS:			
(15)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Have adequate direct-contact staff
FINDINGS:			
(15)(d)	<input type="checkbox"/>	<input type="checkbox"/>	Have adequate supervisory staff
FINDINGS:			
Section 3(16)			Safety An SCL Waiver provider shall establish written guidelines that address the health, safety and welfare of an SCL recipient, which shall include:
(16)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Ensuring the health, safety and welfare of the SCL recipient
FINDINGS:			
(16)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance of sanitary conditions
FINDINGS:			
(16)(c)			Ensuring each site operated by the provider is equipped with:
(c)1	<input type="checkbox"/>	<input type="checkbox"/>	An operational smoke detector placed in strategic locations
FINDINGS:			
(c)2	<input type="checkbox"/>	<input type="checkbox"/>	A minimum of two (2) correctly charged fire extinguishers placed in strategic locations; one (1) of which shall be capable of extinguishing a grease fire and have a rating of the 1A10BC
FINDINGS:			
(16)(d)	<input type="checkbox"/>	<input type="checkbox"/>	Ensuring the availability of an ample supply of hot and cold running water with the water temperature at a tap used by an SCL recipient not exceeding 110 degrees Fahrenheit
FINDINGS:			
(16)(e)	<input type="checkbox"/>	<input type="checkbox"/>	Establishing written procedures concerning the presence of deadly weapons as defined in KRS 500.080 which shall ensure:

(e)1	<input type="checkbox"/>	<input type="checkbox"/>	Safe storage and use of common household items
FINDINGS:			
(e)2	<input type="checkbox"/>	<input type="checkbox"/>	That firearms and ammunition are permitted:
(e)2a			Only in a family care homes or an adult foster care home
(e)2b			Only if stored separately and under double lock
FINDINGS:			
(16)(f)	<input type="checkbox"/>	<input type="checkbox"/>	Ensuring that nutritional needs of an SCL recipient are met in accordance with the current recommended dietary allowance of the Food and Nutrition Board of the National Research Council or as specified by a physician
FINDINGS:			
(16)(g)			Medication Administration Ensuring that staff administering medication:
(g)1	<input type="checkbox"/>	<input type="checkbox"/>	Have specific training and documented competency on cause and effect and proper administration and storage of medications
FINDINGS:			
(g)2	<input type="checkbox"/>	<input type="checkbox"/>	Document all medication administered, including self-administered and over-the-counter drugs, on a medication log, with the date, time and initials of the person who administered the medication and ensure medications shall:
FINDINGS:			
2a	<input type="checkbox"/>	<input type="checkbox"/>	Be kept in a locked container
FINDINGS:			
2b	<input type="checkbox"/>	<input type="checkbox"/>	If a controlled substance, be kept under double lock
FINDINGS:			
2c	<input type="checkbox"/>	<input type="checkbox"/>	Be carried in a proper container labeled with medication and dosage, and accompany and be administered to an SCL recipient at a program site other than his or her residence if necessary
FINDINGS:			
2d	<input type="checkbox"/>	<input type="checkbox"/>	Be documented on a medication administration form and properly disposed of, if discontinued
FINDINGS:			
(16)(h)	<input type="checkbox"/>	<input type="checkbox"/>	Policy and procedures for on-going monitoring of medication administration
FINDINGS:			
Section 3(17)	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Procedures – Alarm systems, evacuation drills The SCL Waiver Provider shall establish and follow written guidelines for handling an emergency or a disaster which shall:
(17)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Be readily accessible on site
FINDINGS:			
(17)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Include instructions for notification procedures and the use of alarm and signal systems to alert an SCL recipient according to his or her disability
FINDINGS:			
(17)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Include an evacuation drill to be conducted and documented at least quarterly and scheduled to include a time when an SCL recipient is asleep
FINDINGS:			
(17)(d)	<input type="checkbox"/>	<input type="checkbox"/>	Mandate that the results of an evacuation drill be evaluated and modified as needed
FINDINGS:			
Section 3(18)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Training Provide, or arrange for the provision of, competency-based training to each employee to teach and enhance skills related to the performance of their duties.

FINDINGS:			
(18)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Require documentation of training which shall include:
(c)1			The type of training provided
(c)2			Name and title of trainer
(c)3			Length of training
(c)4			Date of completion
(c)5			The signature of the trainee verifying completion
FINDINGS:			
(18)(d)	<input type="checkbox"/>	<input type="checkbox"/>	Phase I Training Ensure that employees complete Phase I training, consistent with a DMHMR approved curriculum, prior to working independently, but no later than three (3) months from the date of employment, which shall include:
(d)1			Individualized instruction on the needs of an SCL recipient to whom the trainee provides supports
(d)2			Training on the identification and reporting of abuse, neglect, and exploitation
(d)3			Introduction to support for an individual with mental retardation or a developmental disability
(d)4			Medications and seizures
(d)5			Safety awareness
(d)6			Record keeping
(d)7			First Aid, which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally accredited organization
(d)8			Coronary pulmonary resuscitation (CPR), which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally accredited organization
(d)9			Medication administration, which shall be provided by a nurse, pharmacist, or medical doctor
FINDINGS:			
(18)(e)	<input type="checkbox"/>	<input type="checkbox"/>	Phase II Training Ensure that employees complete Phase II training, consistent with a DMHMR approved curriculum, within six (6) months of employment, which shall include:
(e)1			Introduction to Mental Retardation and other Developmental Disabilities: values and principles
(e)2			Working with a family
(e)3			Individualized planning
(e)4			Understanding behavior: learning to listen
(e)5			Health needs and services
(e)6			Social and sexual aspects of life
(e)7			Basic home management if the employee has responsibility for:
7a			Laundering
7b			House cleaning
7c			Food storage and meal planning
7d			An activity in the home
(e)8			Nutrition and Meal Planning if the employee has responsibility for:
8a			Interaction of common medication with food
8b			Nutritional needs
8c			Basic meal planning
8d			Food storage and handling

FINDINGS:			
(18)(f)	<input type="checkbox"/>	<input type="checkbox"/>	Not be required to receive the training specified in this subsection if the provider is:
(f)1			An occupational therapist providing occupational therapy
(f)2			A physical therapist providing physical therapy
(f)3			A psychologist or psychologist with autonomous functioning providing psychological services
(f)4			A speech therapist providing speech therapy
FINDINGS:			
(18)(g)	<input type="checkbox"/>	<input type="checkbox"/>	Volunteers Ensure that an individual volunteer performing direct care staff or supervisory function receive training prior to working independently, which shall include:
(g)1			Orientation to the agency
(g)2			Individualized instruction on the needs of the SCL recipient to whom the volunteer provides supports
(g)3			First Aid, which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally accredited organization
(g)4			Coronary pulmonary resuscitation (CPR), which shall be provided by an individual certified as a trainer by the American Red Cross or other nationally accredited organization
FINDINGS:			
Section 3(9)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Human Rights Committee
(c)3			Review and approve, in conjunction with the SCL recipient's team; behavior support plans that include highly restrictive procedures or contain rights restrictions
(c)4			Review the use of a psychotropic medication by an SCL recipient with no Axis I diagnosis
FINDINGS:			
(d)	<input type="checkbox"/>	<input type="checkbox"/>	Behavior Intervention Committee
(d)3			Review and approve prior to implementation and at least every six (6) months, in conjunction with the SCL recipient's team, behavior support plans that include highly restrictive procedures or contain rights restrictions
(d)4			Review the use of a psychotropic medication by an SCL recipient with no Axis I diagnosis and recommend an alternative intervention when appropriate
FINDINGS:			
Section 4			Covered Services
(2)(a)			Behavioral Support
(a)1	<input type="checkbox"/>	<input type="checkbox"/>	Be the systematic application of techniques and methods to influence or change a behavior in a desired way
FINDINGS:			
(a)2	<input type="checkbox"/>	<input type="checkbox"/>	Include a functional analysis of the SCL recipient's behavior which shall include:
2a			An analysis of the potential communicative intent of the behavior
2b			The history of reinforcement for the behavior
2c			Critical variables that precede the behavior

2d			Effects of different situations on the behavior
2e			A hypothesis regarding the motivation, purpose and factors which maintain the behavior
FINDINGS:			
(a)3	<input type="checkbox"/>	<input type="checkbox"/>	Include the development of a behavioral support plan which shall:
3a			Be developed by the behavioral specialist
3b			Be implemented by another SCL provider
3c			Be revised as necessary
3d			Define the techniques and procedures used
3e			Include the hierarchy of behavior interventions ranging from the least to the most restrictive
3f			Reflect the use of positive approaches
3g			Prohibit the use of corporal punishment, seclusion, verbal abuse, and any procedure which denies private communication, requisite sleep, shelter, bedding, food, drink, or use of a bathroom facility
FINDINGS:			
(a)4	<input type="checkbox"/>	<input type="checkbox"/>	Include the provision of training to other SCL providers concerning implementation of the behavioral support plan
FINDINGS:			
(a)5	<input type="checkbox"/>	<input type="checkbox"/>	Include the monitoring of an SCL recipient's progress which shall be accomplished through:
5a			The analysis of data concerning the frequency, intensity, and duration of a behavior
5b			The reports of an SCL provider involved in implementing the behavioral support plan
FINDINGS:			
(a)7	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Be documented by a detailed staff note which shall include:
7a			The date of service
7b			The beginning and ending times
7c			The signature, date of signature and title of the behavioral specialist
FINDINGS:			
Section 4			Residential Supports
(h)9	<input type="checkbox"/>	<input type="checkbox"/>	Residential Support Service shall include participation in medical appointments and follow-up care as directed by the medical staff
FINDINGS:			
Section 4			Support Coordination – Crisis Prevention Plan
4(2)(l)9	<input type="checkbox"/>	<input type="checkbox"/>	Working in conjunction with SCL providers selected by an SCL recipient to develop a crisis prevention plan which shall be:
9a			Individual-specific
9b			Annually reviewed
9c			Updated as changes occur
FINDINGS:			
Section 4(l)13	<input type="checkbox"/>	<input type="checkbox"/>	Support Coordination – Monitoring Health/Safety/Welfare Monitoring the health, safety and welfare of an SCL recipient
FINDINGS:			

Section 5			Incident Reporting Process
5(1)	<input type="checkbox"/>	<input type="checkbox"/>	An incident that shall be documented on an incident report form.
FINDINGS:			
5(2)			There shall be three (3) classes of incidents including:
(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Class I incident:
(a)1			Be minor in nature and not create a serious consequence
(a)2			Not require an investigation by the provider agency
(a)3			Be reported to the support coordination provider within twenty-four (24) hours
(a)4			Be reported to the guardian as directed by the guardian
(a)5			Be retained on file at the provider and support coordination agency
(a)6			Be reported to the assistant director of the Division of Mental Retardation, DMHMR, or its designee, within ten (10) calendar days of discovery if the incident involves the use of restraint or a medication error, and shall include a complete written report of the incident follow up
FINDINGS:			
(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Class II incident:
(b)1			Be serious in nature
(b)2			Require an investigation which shall be initiated by the provider agency within twenty-four (24) hours of discovery, and shall involve the support coordinator
(b)3			Be reported by the provider agency to:
3a			The support coordinator within twenty-four (24) hours of discovery
3b			The guardian within twenty-four (24) hours of discovery
3c			The assistant director of the Division of Mental Retardation, DMHMR, or its designee, within ten (10) calendar days of discovery, and shall include a complete written report of the incident investigation and follow up
FINDINGS:			
(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Class III incident:
(c)1			Be grave in nature
(c)2			Be immediately investigated by the provider agency, and the investigation shall involve the support coordinator
(c)3			Be reported by the provider agency to:
3a			The support coordinator within eight (8) hours of discovery
3b			The guardian within eight (8) hours of discovery
3c			DCBS immediately upon discovery, if involving suspected abuse, neglect, or exploitation in accordance with KRS 209
3d			The assistant director of the Division of Mental Retardation, DMHMR, or its designee, within eight (8) hours of discovery and shall include a complete written report of the incident investigation and follow-up within seven (7) calendar days of discovery. If the incident occurs after 5:00 p.m. EST on a weekday, or occurs on a weekend or holiday, notification to DMR shall occur on the following business day.
FINDINGS:			
Regulation	Met	Not Met	<u>PARTICIPANT RIGHTS AND RESPONSIBILITIES</u>

Section 3(9)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Human Rights Committee
(c)2			Review and approve all ISP's with rights restrictions at least annually
FINDINGS:			
Section 3(9)(e)	<input type="checkbox"/>	<input type="checkbox"/>	ADA Compliance An SCL provider shall ensure the rights of an SCL recipient by complying with the Americans with Disabilities Act (28 CFR 35)
FINDINGS:			
Section 3(6)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Management of SCL Recipient Funds The SCL Waiver Provider shall meet the following requirements if responsible for the management of SCL recipient funds:
(c)1			Separate accounting shall be maintained for each SCL recipient or for his or her interest in a common trust or special account
(c)2			Account balances and records of transactions shall be provided to the SCL recipient or legal representative on a quarterly basis
(c)3			The SCL recipient or legal representative shall be notified when a large balance is accrued that may affect Medicaid eligibility
FINDINGS:			
Section 3(9)			Individual Rights An SCL provider shall ensure the rights of the SCL recipient by:
(9)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Making available descriptions of rights and the means by which they can be exercised and supported which shall include
(a)1	<input type="checkbox"/>	<input type="checkbox"/>	The right to time, space and opportunity for personal privacy
FINDINGS:			
(a)2	<input type="checkbox"/>	<input type="checkbox"/>	The right to communicate, associate and meet privately with the person of choice
FINDINGS:			
(a)3	<input type="checkbox"/>	<input type="checkbox"/>	The right to send and receive unopened mail
FINDINGS:			
(a)4	<input type="checkbox"/>	<input type="checkbox"/>	The right to retain and use personal possessions including clothing and grooming articles
FINDINGS:			
(a)5	<input type="checkbox"/>	<input type="checkbox"/>	The right to private, accessible use of the telephone
FINDINGS:			
(9)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Having a grievance and appeals system that includes an external mechanism for review of complaints
FINDINGS:			
Section 2(6)			Involuntary Termination Involuntary termination of a service to an SCL recipient by an SCL provider shall require:
(6)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Simultaneous notice to an SCL recipient or legal representative and the support coordinator at least ten (10) days prior to the effective date of the action, which shall include:
(a)1			A statement of the intended action
(a)2			The basis for the intended action
(a)3			The authority by which the action is taken
(a)4			The SCL recipient's right to appeal the intended action through the provider's appeal or grievance process
FINDINGS:			
(6)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Submittal of a DMR-001 to DMHMR at least (20) days prior to the effective date of the intended action
FINDINGS:			
(6)(c)			The support coordinator in conjunction with the provider to:
(c)1	<input type="checkbox"/>	<input type="checkbox"/>	Provide the SCL recipient with the name, address, and telephone number of each current SCL provider in the state
FINDINGS:			

(c)2	<input type="checkbox"/>	<input type="checkbox"/>	Provide assistance to the SCL recipient in making contact with another SCL provider
FINDINGS:			
(c)3	<input type="checkbox"/>	<input type="checkbox"/>	Arrange transportation for a requested visit to an SCL provider site
FINDINGS:			
(c)4	<input type="checkbox"/>	<input type="checkbox"/>	Provide a copy of pertinent information to the SCL recipient or legal representative
FINDINGS:			
(c)5	<input type="checkbox"/>	<input type="checkbox"/>	Ensure the health, safety, and welfare of the SCL recipient until an appropriate placement is secured
FINDINGS:			
(c)6	<input type="checkbox"/>	<input type="checkbox"/>	Provide assistance to ensure a safe and effective service transition
FINDINGS:			
Section 3(7)(c)	<input type="checkbox"/>	<input type="checkbox"/>	Mission and Values – Dignity and Respect The SCL Provider shall have a written statement of its mission and values which shall promote dignity and self-worth
FINDINGS:			
Regulation	Met	Not Met	<u>SYSTEM PERFORMANCE</u>
Section 3(5)			Documentation of Operations
(5)(e)	<input type="checkbox"/>	<input type="checkbox"/>	Information regarding satisfaction of SCL recipients and the utilization of that information
FINDINGS:			
(5)(f)	<input type="checkbox"/>	<input type="checkbox"/>	A quality improvement program
FINDINGS:			
Section 3(6)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Fiscal Information Maintain accurate fiscal information which shall include documentation of revenue and expenses
FINDINGS:			
(6)(b)	<input type="checkbox"/>	<input type="checkbox"/>	Maintain a written schedule of policy relevant to rates and charges that shall be available to any individual upon request
FINDINGS:			
Section 3(8)(f)	<input type="checkbox"/>	<input type="checkbox"/>	Cultural/language/Socio-economic The SCL Provider shall have written policy and procedures for communication and interaction with a family and legal representative an of SCL recipient which shall consider the cultural, educational, language, and socio-economic characteristics of the family being supported.
FINDINGS:			
Section 3(9)(c)1	<input type="checkbox"/>	<input type="checkbox"/>	Human Rights Committee - members
(c)1a			SCL recipient
(c)1b			Individual not affiliated with the SCL provider
(c)1c			Individual who has knowledge and experience in rights issues
FINDINGS:			
(d)	<input type="checkbox"/>	<input type="checkbox"/>	Behavior Intervention Committee - members
(d)1			Include one (1) individual who has expertise in behavior interventions and is not the behavior specialist who wrote the behavior support plan.

(d)2		Be separate from the human rights committee
FINDINGS:		